

# Assessment Report.

## People with Disabilities (WA) Inc.

## Audit Summary

### 1. Purpose and Scope of the Audit:

To conduct a surveillance audit / extension to scope audit of the Advocacy Agency management system against the requirements of the National Standards for Disability Services.

### 2. Recommendation:

- The management system complies with the requirements of the National Standards for Disability Services.
- The management system complies with the requirements of the National Standards for Disability Services subject to rectification of all Minor Non conformances (1) / Major Non Conformances (0) raised in this report.
- The management system does not comply with the requirements of the National Standards for Disability Services.

### 3. Response and date required: (Refer to Appendix C for coding definitions and requirements)

For Major Non Conformances (0):

- a) Proposed corrective action within five days of receipt of FINAL audit report.
- b) Implemented corrective action must be verified as effective and / or down graded within three (3) months

For Minor Non Conformances (1):

- a) Proposed corrective action within five days of receipt of FINAL audit report.
- b) Implemented corrective action must be verified as effective within six (6) months

### 4. Sites audited

Site Audited	Audit Date	Auditors
Suite 1/37 Hampden Road, NEDLANDS WA	04/05/2015 & 11/05/2015	Audit Team Leader: Trish Hodgson CTE: Kate Powell
36 Ormsby Terrace, MANDURAH WA	06/05/2015	Audit Team Leader: Trish Hodgson CTE: Kate Powell

**5. Report presented to and received by:**

<input type="checkbox"/> Report Handed <input checked="" type="checkbox"/> Report Emailed <input type="checkbox"/> Report Posted		
Handed/sent to: Carmen Pratts-Hincks	Position: Senior Advocate	Date: 15/05/2015

**6. Executive Summary:**

People with Disabilities WA Inc. (PWDWA) is a non-for-profit organisation based in metropolitan Perth (NEDLANDS) and PEEL (Mandurah) providing systemic and individual advocacy, information dissemination, peer support, advice to government, submission and policy development, and support of its members and the wider community.

PWDWA is governed by an active strategic focussed board which has a strong skill set. The organisation recent appointment of the CEO position is the last of many in a short period of time and as a result the planning and risk status of the organisation has not been maintained, however planned progress was noted.

Staff interviewed through out the review reported consistent feedback and communication with a top down bottom up approach, which was also supported by clients of the service also. Feedback from both clients (both individual & systemic) was extremely positive of the service provided.

PWDWA have conducted a review of the NDAP to the NSDS and have transitioned policy and procedure manual across to the new standards. PWDWA meets the requirements of the National Standards for Disability Services and a positive recommendation for upgrade has been made subject to closure of the non conformances raised.

Major nonconformance (as a result of 2 x minor in the one standard) has been raised at Standard 6.0 in relation to performance appraisal's, risk management, and strategic planning. Further observations and opportunities for improvement have been raised which PWDWA is strongly encouraged to consider.

Staff and Board members are thanked for their open and transparent communications throughout the review.

**7. Next Audit:**

- Estimated date:  
 August 2015 – NCR Close Out  
 March / April 2015 – Recertification
- Sites, Topics, business units etc. to be covered:  
 NEDLANDS & MANDURAH
- Standards to be reviewed  
 1, 2, 3, 4, 5 & 6

**8. Suggestions for Improvement**

Observations and opportunities for improvement have been noted within the comments section against the relevant indicator of performance.

**9. Notifiable Issues**

There were no notifiable issues noted.

**10. System Status Snapshot**

System Status Snapshot		
Business area (Areas identified with * must be verified at each audit)	Previous audit	This audit
1. Standard 1 - Rights *	G	G
2. Standard 2 - Participation and Inclusion	G	Not reviewed
3. Standard 3 - Individual Outcomes *	G	G
4. Standard 4 - Feedback and Complaints	G	G
5. Standard 5 - Service Access	G	Not reviewed
6. Standard 6 - Service Management *	G	Y

**Legend:**

**G = Stable and implemented systems**

Conforming systems effectively contributing to the achievement of organizational objectives

**Y = Alert**

System implemented and meeting basic requirements of certification but may not be fully effective. Contribution to the achievement of organizational objectives may be unclear.

**R = Non-conforming systems**

Business risks are evident.

**11. Results Summary Table**

12. Standard 1- Rights										Overall Rating						2	
IOP 1:1	2	IOP 1:2	2	IOP 1:3	2	IOP 1:4	2	IOP 1:5	2	IOP 1:6	2	IOP 1:7	2	IOP 1:8	2	IOP 1:9	2

Standard 2 - Participation and Inclusion										Overall Rating						-	
IOP 2:1		IOP 2:2		IOP 2:3		IOP 2:4		IOP 2:5		IOP 2:6		Not reviewed this assessment					

Standard 3 - Individual Outcomes										Overall Rating						2	
IOP 3:1	2	IOP 3:2	2	IOP 3:3	2	IOP 3:4	2	IOP 3:5	2								

Standard 4 - Feedback and Complaints										Overall Rating						2	
IOP 4:1	2	IOP 4:2	2	IOP 4:3	2	IOP 4:4	2	IOP 4:5	2	IOP 4:6	2						

Standard 5- Service Access										Overall Rating						-	
IOP 5:1		IOP 5:2		IOP 5:3		IOP 5:4		IOP 5:5		IOP 5:6		IOP 5:7		Not reviewed this assessment			

Standard 6- Service Management										Overall Rating						0	
IOP 6:1	1	IOP 6:2	2	IOP 6:3	1	IOP 6:4	2	IOP 6:5	2	IOP 6:6	2	IOP 6:7	2				

**13. Provisions for Customer Feedback**

BSI appreciates your feedback on the BSI auditor’s performance and the overall experience with the certification process. Please refer to the link below for further information.

<http://www.bsigroup.com/en-AU/Our-services/Client-Feedback/>

**14. Confidentiality**

Unless required by the Standard Owners or Accreditation Bodies during periodic audits, information concerning your organization’s audit report, findings or records will not be disclosed to an external 3rd party without your organization’s consent.

**15. Findings**

Standards/Indicators of Practice				Rating	Comments/ Corrective Action/Follow-Up/Close- out
Standard One: <input type="checkbox"/> Rights	Yes	No	N/A	2	
1:1 The service, its staff and its volunteers treat individuals with dignity and respect.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2	
1:2 The service, its staff and its volunteers recognize and promote individual freedom of expression.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2	
1:3 The service supports active decision-making and individual choice including the timely provision of information in appropriate formats to support individuals, families, friends and carers to make informed decisions and understand their rights and responsibilities.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2	
1:4 The service provides support strategies that are based on the minimal restrictive options and are contemporary, evidence-based, transparent and capable of review.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2	
1:5 The service has preventative measures in place to ensure that individuals are free from discrimination, exploitation, abuse, harm, neglect and violence.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2	
1:6 The service addresses any breach of rights promptly and systemically to ensure opportunities for improvement are captured.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2	
1:7 The service supports individuals with information and, if needed, access to legal advice and/or advocacy.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2	
1:8 The service recognizes the role of families, friends, carers and advocates in safeguarding and upholding the rights of people with disability.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2	

**Report Author** Trish Hodgson & Kate Powell  
**Visit Date** 04/05/2015 – 11/05/2015

Standards/Indicators of Practice				Rating	Comments/ Corrective Action/Follow-Up/Close- out
<b>Standard One: <input type="checkbox"/> Rights</b>	Yes	No	N/A	2	
1:9 The service keeps personal information confidential and private.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2	OBS: Consent to client files was not always apparent in system documentation maintained. Methodology to be determined and could consider case type as to method.
<p><b>Overall Comments/Evidence:</b></p> <p>Individual advocacy services are provided based on relative need. Systemic services are typically based on topical issues and / or sector needs led from analysis of individual needs being advocated for.</p> <p>PWDWA mission is to empower the voices of people with disability through WA via a vision whereby they live in a community where all people have a full and valued life with the freedom to make their own choices. In realizing this PWDWA provide a program through the provision of systemic and individual advocacy, information dissemination, peer support, advice to government, submission and policy development, and support of its members and the wider community.</p> <p>The audit team was able to observe respectful interactions between clients with advocates and staff during the audit. Client notes demonstrate clients are treated with dignity and respect. All clients, advocates and staff were seen to be treated with respect and presented in a very positive way to the audit team. Clients interviewed reported that PWDWA Advocates are very good at researching background information and providing the relevant information for their individual situation. Clients interviewed were extremely confident that PWDWA are there for them and will support them with their rights, choices and decision making processes. Clients interviewed reported that their Advocate and staff treat them in a friendly manner and are non-judgmental. Clients interviewed reported that any actions, letters, phone calls by PWDWA on their behalf were all agreed to prior to any action being taken. The communication was noted to be open, honest, and within relevant/realistic timeframes. Not all files contained a Consent form signed by the client, parent/guardian/carer of the client or the Advocate. A few clients interviewed believed they did sign a consent form, however were unsure. Refer opportunity for improvement.</p> <p>The audit team observed that Client files are only accessible through the Advocates as they are locked electronically.</p> <p>Through the use of the Action Plan, clients are able to discuss what their concerns/issues are and any agreed action that will take place. Interviews with Clients and review of documentation identified that PWDWA is committed to supporting and assisting the Clients to achieve their desired outcome without unnecessary restriction.</p> <p>Systemic files are maintained in a different methodology to individual files and evidence of communications, request for response, appropriate meeting minutes etc were sighted. It is noted that there was some inconsistency in files stored and suggest a methodology could be considered.</p>					

Standards/Indicators of Practice				Rating	Comments/ Corrective Action/Follow-Up/Close- out
<b>Standard Two: <input type="checkbox"/> Participation and Inclusion</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>	<b>-</b>	
2:1 The service actively promotes a valued role for people with disability, of their own choosing.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
2:2 The service works together with individuals to connect to family, friends and their chosen communities.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
2:3 Staff understand, respect and facilitate individual interests and preferences, in relation to work, learning, social activities and community connection over time.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
2:4 Where appropriate, the service works with an individual's family, friends, carer or advocate to promote community connection, inclusion and participation.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
2:5 The service works in partnership with other organizations and community members to support individuals to actively participate in their community.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
2:6 The service uses strategies that promote community and cultural connection for Aboriginal and Torres Strait Islander people.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		



Standards/Indicators of Practice	Yes	No	N/A	Rating	Comments/ Corrective Action/Follow-Up/Close- out
<b>Standard Three: Individual Outcomes</b>	Yes	No	N/A	2	
3:1 The service works together with an individual and, with consent, their family, friends, carer or advocate to identify their strengths, needs and life goals.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2	OBS: PWDWA may wish to consider providing a signed copy of the Action Plan to the client.  OBS: PWDWA may wish to consider including completion dates when an outcome is achieved or not. "Close the Circle"
3:2 Service planning, provision and review is based on individual choice and is undertaken together with an individual and, with consent, their family, friends, carer or advocate.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2	
3:3 The service plans, delivers and regularly reviews services or supports against measurable life outcomes.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2	
3:4 Service planning and delivery is responsive to diversity including disability, age, gender, culture, heritage, language, faith, sexual identity, relationship status, and other relevant factors.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2	
3:5 The service collaborates with other service providers in planning service delivery and to support internal capacity to respond to diverse needs.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2	

Standards/Indicators of Practice				Rating	Comments/ Corrective Action/Follow-Up/Close- out
Standard Three: <input type="checkbox"/> Individual Outcomes	Yes	No	N/A	2	

**Overall Comments/Evidence:**

Review of documentation and interviews with staff and clients indicated that PWDWA applies non-discriminatory entry rules. Review of the client list indicates PWDWA support individuals of differing age ranges, genders, disability types, and cultural backgrounds. Carers/Guardians of clients interviewed ages ranged from 10years to over 40years old. Clients are referred to PWDWA through their personal contacts (word of mouth being one of the strongest recommendations), prior support obtained and/or organisations.

Clients interviewed were able to describe having meetings with their Advocate to discuss the development of their issues. Clients interviewed verified that their Action Plan is developed through a discussion process with their Advocate and they are the ones to make the final decision as to what their goal/s will be.

Both file and interview evidence show that staff and clients work together in planning the best possible outcomes. The Plan is created on entering the service and is reviewed regularly or when circumstances change. The Action Plan does not record the date of when an action has been completed / achieved or not. Refer opportunity for improvement.

Clients interviewed were able to describe having meetings/telephone conversations/email correspondence with their Advocate to discuss the development of their issues. All clients interviewed reported that their consent is always sought before any action is undertaken. Interviews with client's show that staff and clients work together in planning the best possible outcomes. It is noted that neither the client nor the Advocate signs this agreement. A copy is not given to the client either. Refer opportunity for improvement. Most clients interviewed expressed a high level of satisfaction with the support they received from Advocates.

Standards/Indicators of Practice				Rating	Comments/ Corrective Action/Follow-Up/Close- out
<b>Standard Four: <input type="checkbox"/> Feedback and Complaints</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>	<b>2</b>	
4:1 Individuals, families, friends, carers and advocates are actively supported to provide feedback, make a complaint or resolve a dispute without fear of adverse consequences	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2	
4:2 Feedback mechanisms including complaints resolution, and how to access independent support, advice and representation are clearly communicated to individuals, families, friends, carers and advocates	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2	
4:3 Complaints are resolved together with the individual, family, friends, carer or advocate in a proactive and timely manner.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2	
4:4 The service seeks and, in conjunction with individuals, families, friends, carers and advocates, reviews feedback on service provision and supports on a regular basis as part of continuous improvement.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2	
4:5 The service develops a culture of continuous improvement using compliments, feedback and complaints to plan, deliver and review services for individuals and the community.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2	
4:6 The service effectively manages disputes.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2	

Standards/Indicators of Practice				Rating	Comments/ Corrective Action/Follow-Up/Close- out
Standard Four: <input type="checkbox"/> Feedback and Complaints	Yes	No	N/A	2	

**Overall Comments/Evidence:**

Clients of the service receive a PWDWA Individual Advocacy Brochure with information about their rights and responsibilities upon joining the service. The Brochure also refers to consent, the referral process, file closure, confidentiality, feedback, the complaints procedure, internal & external evaluation process and how PWDWA may be able to assist.

The Complaints policy and procedure document can be located on PWDWA’s website. This document clearly outlines the process for making a complaint. There is also a link to provide either feedback or make a complaint through an email.

Clients interviewed all indicated they were aware of their right to raise a complaint or concern and felt they would be comfortable to do so. One client interviewed reported that understood the process to a point and then would have to seek further information. Clients felt confident to raise any concerns/issues they may have with their Advocate. Clients interviewed have not had reason to make a complaint.

There is a formal complaints mechanism in place and review of the Complaints process noted there had been 3 complaints raised over the period since last review with 2 noted as individual and 2 as agency. Complaints were noted to have been raised to the CoM via reports and minutes sighted. Due process was noted to have been followed.

Standards/Indicators of Practice				Rating	Comments/ Corrective Action/Follow-Up/Close-out
Standard Five: <input type="checkbox"/> Service Access	Yes	No	N/A	-	
5:1 The service systematically seeks and uses input from people with disability, their families, friends and carers to ensure access is fair and equal and transparent.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
5:2 The service provides accessible information in a range of formats about the types and quality of services available.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
5:3 The service develops, applies, reviews and communicates commencement and leaving a service processes.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
5:4 The service develops, applies and reviews policies and practices related to eligibility criteria, priority of access and waiting lists.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
5:5 The service monitors and addresses potential barriers to access.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
5:6 The service provides clear explanations when a service is not available along with information and referral support for alternative access.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
5:7 The service collaborates with other relevant organizations and community members to establish and maintain a referral network.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		

Standards/Indicators of Practice				Rating	Comments/ Corrective Action/Follow-Up/Close- out
<b>Standard Six:</b> <input type="checkbox"/> Service Management	Yes	No	N/A	0	
6:1 Frontline staff, management and governing bodies are suitably qualified, skilled and supported.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1	<b>Minor Non Conformance:</b> <b>2/3 staff files reviewed had out of date performance appraisals (ie. Last conducted 2010).</b>  OBS: Supervision records could detail that consents have been reviewed for appropriateness also.
6:2 Practice is based on evidence and minimal restrictive options and complies with legislative, regulatory and contractual requirements.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2	
6:3 The service documents, monitors and effectively uses management systems including Work Health Safety, human resource management and financial management.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	1	<b>Minor Non Conformance:</b> <ul style="list-style-type: none"> <li>- <b>there is no history of testing or tagging within the organisation.</b></li> <li>- <b>Risk Framework and supporting Risk register to be developed and implemented.</b></li> <li>- <b>Strategic Plan to be formalized and endorsed</b></li> <li>- <b>Operational Plan (linked / cascaded from Strategic Plan) to be implemented</b></li> </ul>

Standards/Indicators of Practice				Rating	Comments/ Corrective Action/Follow-Up/Close- out
<b>Standard Six:</b> <input type="checkbox"/> Service Management	Yes	No	N/A	0	
6:3 The service documents, monitors and effectively uses management systems including Work Health Safety, human resource management and financial management.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	1	<p>OBS Electronic back up processes although occurring have not been defined within the policy or procedure manual.</p> <p>OBS: Disaster Recovery / emergency preparedness has not been implemented</p> <p>OBS: Board self evaluation could be considered on a planned basis.</p> <p>OBS: Board minutes could consider minuting whom has made the recommendation for motion / action, and seconded also.</p> <p>OBS: Consistent access and methodology to systemic files could be considered.</p> <p>OBS: Disability Action Plan has not been implemented.</p> <p>OBS: Suggest that client action plans could detail date of actions raised and date of tasks raised.</p>

**Report Author** Trish Hodgson & Kate Powell  
**Visit Date** 04/05/2015 – 11/05/2015

Standards/Indicators of Practice				Rating	Comments/ Corrective Action/Follow-Up/Close- out
<b>Standard Six: <input type="checkbox"/> Service Management</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>	<b>0</b>	
6:4 The service has monitoring feedback, learning and reflection processes which support continuous improvement.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2	
6:5 The service has a clearly communicated organizational vision, mission and values which are consistent with contemporary practice.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2	
6:6 The service has systems to strengthen and maintain organizational capabilities to directly support the achievement of individual goals and outcomes.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2	
6:7 The service uses person-centered approaches including the active involvement of people with disability, families, friends, carers and advocates to review policies, practices, procedures and service provision.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2	

**Overall Comments/Evidence:**

PWDWA Policy manual has a dedicated Human resources (HR) section which details Employee Recruitment, Police Clearances, Performance management, Injury Management, Grievances, Grievances, Employee Exit, and Volunteers. The aim of HR supporting documentation is to ensure that the most appropriate people are recruited into the agency through a fair, open and merit based system that assesses prospective employees against appropriate selection criteria.

All Human Resource functions are overseen by the ED and Senior Advocate (pending position). Majority of staff are long standing with the most recent recruitment the Project Officer which had involvement of the President for the recruitment process. File reviews of three staff files was undertaken and evidenced there to be: Statement of Duties, Job Description, Contract of Employment, Confidentiality Contract, Performance Reviews, and Training Records.

There is an established Induction package for the Individual Advocacy team, general Employees, and ACT! Guidelines.

Recent recruitment of ED was seen to be transparent. Positions descriptions exist for all organisational positions. Staff file review evidences there has not been a consistent application of the annual performance review process (refer non conformance).

Police clearances reviewed every 5 years for all CoM members and staff. Staff discussion report a conducive and supportive working environment. Training noted to have been undertaken includes events management, emerging issues, NSDS, communication for social change.



Standards/Indicators of Practice				Rating	Comments/ Corrective Action/Follow-Up/Close- out
Standard Six: <input type="checkbox"/> Service Management	Yes	No	N/A	1	

**Overall Comments/Evidence:**

PWDWA Vision, Mission and Values are clearly articulated within their Annual report, Web Site, promotional material, and underlying within policies and procedures. Their Mission is 'Empowering the voices of people with disabilities in WA' through the provision of systemic and individual advocacy, information dissemination, peer support, advice to government, submission and policy development, and support of its members and the wider community.

Strategic Plan for the 2011 – 2014 had expired mid to late 2014. Although Board had identified the requirement for this to have commenced the previous ED incumbent had not initiated planning. Sighted with the current ED Engagement Letter and Project Plan by external consultant in the development of the immediacy of the forthcoming planning period. Internal consultation with staff and Board is to commence next week and external stakeholder input / feedback will be sought late May 2015. The project plan identifies a DRAFT Plan to be delivered to the Board 11/6/3015 meeting. As a result of the above there has not been an operational plan in place for a period of time. Performance indicators for the Board / ED have been managed at the Board Meetings and noted to have included: Strategic Plan, operational Plan, Policy and procedure review, Budget Approval, and Risk management Framework and associated Risk register (Refer minor non-conformance). Noted that there is no Disaster recovery planning nor Board evaluation in place.

Committee of Management (CoM) appear to have membership which meets their constitutional requirements and have also met in accordance with those requirements. CoM meeting minutes since the previous review have been sighted (including reports presented). Minutes are clear in regards to current actions being managed, Governance responsibilities of the Committee, Sub Committee reports, Fiscal responsibility of the committee, items for discussion and approval, and also include a per meeting evaluation by nominated members. Reports sighted as issued by the ED outline overall activity undertaken in the areas of Individual, Systemic, and Projects and Other Grants. Included also is clear data in regards to the number of hours and / or issues being managed in accordance with contractual requirements. Sub Committee's are established for Finance Audit and Risk, Membership Profile and Engagement, Strategic and Future Direction, PWDWA DAIP, Policy and Constitutional, and Housing. Minutes of subcommittees and recommendations noted also.

Disability Action Plan, Risk Management Framework, Strategic Planning, Budget approval, disaster recovery as discussed with the ED have lapsed (minor non conformance raised) and are currently being monitored by Board for their implementation via the meeting minutes.

Standards/Indicators of Practice				Rating	Comments/ Corrective Action/Follow-Up/Close- out
Standard Six: <input type="checkbox"/> Service Management	Yes	No	N/A	1	

**Overall Comments/Evidence:**

Overarching OSH policy and supporting procedural guidelines including Motor Vehicle policy and Risk Assessment Guidelines which are service delivery based (ie. Client risk indicators, home visits etc) have been developed. Testing and tagging, worksite inspections, fire drills etc were noted to have been conducted.

Program monitoring occurs via formal supervision (bi monthly) and case management review meetings (individual only). case review meetings, probation and performance review appraisals, staff meetings and professional development planning. Communication and reporting across the organisation appears to be consistent and of good quality.

Risk management framework still to be developed (refer minor nonconformance). Legislative and regulatory compliance is noted within relevant procedural documents and suggest this could be better served as a central listing.

Client file structure is electronic. It is noted that there is an Action Plan in place for each client / case. Suggest that action plans could detail date of actions raised and date of tasks raised.

## **16. Organizational Profile**

### **Service Type/s or Advocacy Model**

People with Disabilities WA Inc. (PWDWA) is a non-for-profit organisation based in metropolitan Perth (NEDLANDS) and PEEL (Mandurah) providing systemic and individual advocacy, information dissemination, peer support, advice to government, submission and policy development, and support of its members and the wider community.

Funding agreement sighted for the 2012 – 2015 period (with extension granted to 30/11/2015) details 'People with disability have access to effective disability advocacy that promotes, protects, and ensures their full and equal enjoyment of all human rights enabling full community participation' as per Agreement ID# 10VOJN8N and Schedule ID # 1-VOJN8P.

Service Area #1 50% Systemic and 50% Individual Advocacy supports provided with a target of 120 to be met. Service Area #2 (Boddington, Mandurah, Murray, Serpentine/Jarrahdale and Waroona) 100% Individual Advocacy with a target of 50 to met.

Approximately 1/3 of funding is Commonwealth and the remaining 2/3 State funding.

### **Service User Profile**

Service user profile for the past financial year period (2013 – 2014) detail 120 participants assisted in the Nedlands region and 50 participants in the PEEL region. PWDWA avoid waiting lists, there is no-one currently waiting for a service. At the Nedlands site Individual Advocacy support is 50% and Systemic Advocacy is 50%. At the Mandurah site Individual Advocacy is 100%. Individual Advocacy and issues managed including; Legal, Recreational / Social, Services, Transport, Accommodation, Discrimination / Rights, Employment, Equipment / Aids, Finances, and Health / Mental Health.

Clients varied from ESB and CALD backgrounds.

Disability groups varied from Autism, Intellectual, ABI, Physical Psychiatric and Neurological.

### **Staff Profile**

Staff within the organisation support more than just DSS funded Individual and Systemic Advocacy. There is state wide individual advocacy, information advocacy, systemic advocacy, equity advocacy, and project management. Specific to the scope of this certification is the Individual and Systemic Advocacy.

There are five (5) permanent advocates and additional casual advocate staff. Staff are generally long standing. Staff interviewed included the Executive Director, Senior Advocate, Equity Advisor, Systemic Advocate, Individual Advocate PEEL, and Individual Advocate State Wide.

### **Number of Service Users**

Refer details above within Service User Profile.

## 17. Audit Plan

### Consumer sampling Method

The consumer sampling method for this service provider is set out below:

<b>Required theoretical consumer sample calculation</b>					
Site Name	Advocacy Model/Service Type	Total Consumers	Minimum Sample Required	Audit Team and Role	
1	NEDLANDS	INDIVIDUAL	27	4	Team Leader: Trish Hodgson CTE: Kate Powell
2	NEDLANDS	SYSTEMIC	9	2	Team Leader: Trish Hodgson CTE: Kate Powell
3	MANDURAH	INDIVIDUAL	8	2	Team Leader: Trish Hodgson CTE: Kate Powell

<b>Actual Sample Number</b>						
Site No.	Face to Face	Focus Group	Telephone	Survey	Other e.g. Carer	Files
1	1 (closed)		4 (3 active) (1 closed)			3 Active 3 Closed
2	0				3 (open) 4 (closed)	3 (open) 4 (closed)
3	0		3 (2 Active) (1 Closed)			2 Active 1 Closed

### **Comments and Evidence:**

Nedlands: The required number of open case interviews was not met. Messages were left for two of the selected participants with no reply; another one was on holidays and declined to participate. Interviews for closed cases planned to have 4 interviews, however on the day of the Audit, 1 client telephoned to say that could not participate, 1 agreed originally and then declined, and one only agreed to have their file reviewed.

Mandurah: The required number of open case interviews was not met. Interviews for closed cases planned to have 2 interviews, however on the day of the Audit, 1 client telephoned to say that could not participate and one only agreed to have their file reviewed.

All clients interviewed were aware of the Audit and the reasons why they were being involved. Consents forms were signed and viewed prior to the interviews and review of the individual files. Verbal permission was also sought at the beginning of the interview.

Evidence was sighted of invitation to all consumers for participation to be involved in both the entry and exit meeting by general letter of information.

CTE has had input to all evidence requirements within the overall standard / Indicators noted above within the detail of the report.

Report Author

**Trish Hodgson & Kate Powell**

Visit Start Date

**04/05/2015 – 11/05/2015**

**APPENDIX A - VERIFICATION OF PARTICIPATION BY THE CONSUMER TECHNICAL EXPERT**

**Organization Name : PWDWA**

**Audit date(s) : 04, 06 and 11 May 2015**

**Declaration:**

I verify that I have acted as CTE for the above audit and have been actively involved in all stages of the National Standards for Disability Services audit process as indicated below:

1.  Participation, and review of organizational materials, and input to the written report
2.  Planning and preparing the methods of consumer participation in the audit
3.  Development of the audit plan / program
4.  Evaluating the need for independent support for consumers
5.  Engaging consumers and reviewing consumer files during the audit in order to collect and verify evidence relevant to the assessment of the Standard
6.  Discussion of findings with the audit team
7.  Preparation of the written audit report

**CTE Name:** Kate Powell

**CTE Signature:**



**Date: 15<sup>th</sup> May 2015**

## **APPENDIX B – SYSTEMS STATUS SNAPSHOT**

This system is designed to provide both a quick visual snapshot of this audit as well as a progressive measure of system developments and change since the last audit. It is based only on the sample of sites, processes and records sighted during the audit. The audit report findings continue to form the main basis for your organization to focus on in determining system compliance. The colors are represented as follows:

- **Green:**     **Stable and implemented systems.**  
**Conforming systems effectively contributing to the achievement of organizational objectives.**

Processes are established and implemented to meet business needs and allow compliance against the Standard. Systems falling into this category will generally have achieved some stability and demonstrate a systematic, process-based approach. Data is analyzed (where appropriate) to monitor conformance against objectives, and to identify process and system trends. Staff awareness of systems is generally good. The system is integrated into the business and is making a contribution to the achievement of organizational objectives.

It is generally expected that there will continue to be opportunities for further improvement even when this rating is achieved. Observations provided in the report should continue to be reviewed and considered. Organizations should look for opportunities to continually improve, increase awareness of staff, better apply support processes, increase the organizations focus on proactive approaches to problems etc.

- **Yellow:**   **Alert.**  
**System implemented and meeting basic requirements of certification but may not be fully effective.**  
**Contribution to the achievement of organizational objectives may be unclear.**

Systems may just meet certification requirements but be inconsistently applied against the requirements of the Standard and/or internally documented processes. Alternatively, this may indicate systems that are not integrating well with business practices and processes, leaving them susceptible to inadequate implementation. The organization may be demonstrating a more reactive than proactive approach in some aspects of the business.

Areas falling within this category require increased focus to ensure that business risks are managed and legal and regulatory requirements continue to be met.

- **Red:**       **Non-conforming systems.**  
**Business risks are evident.**

There is evidence that systems are inconsistently applied across the organization and/or that there is a risk of poor or unpredictable performance in business services or products. Legal or regulatory requirements may be at risk of not being met.

Major non-conformities against the requirements of the standard may be evident in the body of the report.

## **APPENDIX C - UNDERSTANDING THE FINDINGS OF THIS REPORT**

### **Compliance ratings used in this report:**

- 2 Conformity Rating** – The requirements of NSDS indicators of practice associated with the Service Provider/Advocacy Agency are met.
- 1 Nonconformity Rating** – The requirements of NSDS indicators of practice associated with the Service Provider/Advocacy Agency are not fully met, or the outcome is only partly effective.
- 0 Major Nonconformity Rating** - The requirements of NSDS indicators of practice associated with the Service Provider/Advocacy Agency are not met, or the outcome is ineffective. A number of related minor nonconformities also constitute a major nonconformity. If a matter is a 'notifiable' issue a "0" will be raised.
- OBS Observation** – An observation which is an opportunity for improvement or positive feedback.
- NI Notifiable Issue** - is evidence or allegations of a serious health, safety or abuse risk, financial impropriety and/or professional misconduct. Certification cannot proceed until the Department of Community Services advises BSI that the notification issue is resolved.

## **ACTION REQUIRED TO ADDRESS NONCONFORMITIES RAISED IN THIS REPORT**

### **Major nonconformity (Code 0)**

- a) Verification of effective corrective action shall require a follow-up visit by BSI before certification. If the service is already certified, evidence of a corrective action plan shall be presented to BSI within five (5) working days and a follow-up visit by BSI within three (3) months to verify that the corrective action has been effective.
- b) Major nonconformity shall be closed out or downgraded to a nonconformity within three (3) months. If a major nonconformity is downgraded, this should be closed out within a further three (3) months
- c) Failure to close a major nonconformity within six (6) months shall result in automatic suspension of certification.

### **Nonconformity (Code 1)**

- a) Proposed corrective action to address each minor nonconformity must be agreed with the auditor either during the audit or by submitting an action plan after the audit within 14 days.
- b) Implemented corrective action must be verified as effective before certification (although a site visit is not mandatory), or within six (6) months if the service provider is already certified.
- c) Failure to action a nonconformity within six (6) months may lead to a major nonconformity being raised with the service provider's corrective action process.

### **Notifiable Issue (Code NI)**

If evidence is found of a notifiable issue or specific allegations are made, BSI will record the details of the disclosure, allegation or witnessed event, and also immediately notify the service provider's manager (unless there is justifiable reason for not doing so) and the General Manager – Compliance and Risk who will inform the Department. BSI is not responsible for resolving the issue. Certification cannot proceed until the Department advises BSI that the notifiable issue is resolved. If the disability employment service is already certified, BSI shall seek advice from the Department.

### **Observations (Code OBS)**

Observations are provided as guidance on areas of potential system weakness or system improvement, and should be actioned where practicable. Isolated or incidental deficiencies identified in observations may indicate that specific aspects of the system need to be reviewed to prevent problems occurring in the future.